E 1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return



1040		artment of the Treasury-Internal Revenue Servi		urn	202	3	OMB No. 1545	-0074	IRS Use	Only-	-Do not w	rite or sta	ple in this sp	oace.
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending , 20					See separate instructions.				
Your first name and middle initial Last na				 iame						Your social security number				
DEBENDRA KUMAR DAS											865 92 9466			
If joint return, spouse's first name and middle initial Last name												security no	umber	
BISWAKALYANI DAS											APP	LI	ED F	
		er and street). If you have a P.O. box, see		ons.				A	Apt. no.				ction Cam	npaign
2535 BR	OOKS	TONE CT									Check h	nere if y	ou, or you	r
		ice. If you have a foreign address, also co	mplete s	paces bel	low.	Sta	te	ZIP c	ode			.	jointly, war	
AURORA						II		605	02		•		nd. Checki not change	•
										your tax		•	5	
												Yo	u 🗌 Sp	pouse
Filing Status	s \square	Single					☐ Head of h	ouseh	old (HOI	<u>-</u> -				
Check only	_	Married filing jointly (even if only o	ne had i	ncome)					•	•				
one box.		Married filing separately (MFS)					☐ Qualifying	surviv	ing spo	use (C	QSS)			
	lf y	you checked the MFS box, enter the	name c	of your sp	oouse. If you	ı che	ecked the HOF	or Q	SS box,	enter	the chi	ld's nai	me if the	
		ıalifying person is a child but not you												
District	Λ+ o	ny time during 2023, did you: (a) rec	oivo (oo	0 1011010										
Digital Assets		ny time during 2023, did you: (a) reco										ΠYe	es 🗵 N	io
		neone can claim: You as a de					a dependent), (O	30 11101114	Otioni	J.,		. <u>. </u>	
Standard Deduction	_	Spouse itemizes on a separate retur	•				•							
Deddollon	<u> </u>		11 O1 you	- WCIC a	duai status	ancii								
Age/Blindnes	s You	: Were born before January 2, 1	959	_ Are bl	ind Sp	ouse	: U Was bor						s blind	
Dependent	s (see	instructions):		(2) S	Social security	,	(3) Relationsh	Clationship		(4) Check the box				
If more	(1) F	(1) First name Last name			number to you			Child tax c		ax cre	edit	Credit fo	r other depe	ndents
than four														
dependents, see instruction	s													
and check	, —													
here L														
Income	1a	Total amount from Form(s) W-2, b	`		,						1a		115,06	<u>60.</u>
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2								1b				
W-2 here. Also	С									1c				
attach Forms W-2G and	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1d					
1099-R if tax	e Taxable dependent care benefits from Form 2441, line 26								1e					
was withheld.	/ -						1f							
If you did not							1g							
get a Form W-2, see	, see n Other earned income (see instructions)							1h	_		0.			
instructions.	i	Nontaxable combat pay election (s	see instr	ructions)			<u>1</u> i						115 0	60
	<u>z</u>	Add lines 1a through 1h			· · ;						1z		115,06	bU.
Attach Sch. B	2a	· —	2a				axable interes				2b			
if required.	3a_		3a				ordinary divide				3b			
Standard	4a		4a				axable amoun				4b			
Deduction for—	5a	-	5a				axable amoun				5b			
Single or Married filing	6a	,	6a				axable amoun	t		٠ ـ	6b			
separately,	C	If you elect to use the lump-sum election method, check here (see instructions)								J -				
\$13,850 Married filing	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7				
jointly or Qualifying	8	Additional income from Schedule 1, line 10								8	_	115 ^		
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	_	115,06	bυ.	
\$27,700 • Head of	10	Adjustments to income from Schedule 1, line 26									115 .	60		
household, \$20,800	11	Subtract line 10 from line 9. This is	•	-	-						11		115,00	
If you checked	12	Standard deduction or itemized									12		27,70	υυ.
any box under Standard	13	_								13		07 -		
Deduction, see instructions.	14	Add lines 12 and 13									14		27 , 70	
	15	SUPERGOT UPO 1/1 trom lino 11 lt zor	O OF LOCK	c anter	II INICICA	OUR t	TOVODIO IDOOM	••			1 4 5		× 1 7 (

Form 1040 (2023	3)								Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16	10,045.		
Credits	17	Amount from Schedule 2, lir	ne 3					17			
	18	·							10,045.		
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812			19			
	20	Amount from Schedule 3, lir	ne 8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0				22	10,045.		
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21			23	0.		
	24	Add lines 22 and 23. This is	your total tax					24	10,045.		
Payments	25	Federal income tax withheld									
-	а	Form(s) W-2									
	b	Form(s) 1099				25b					
	С	Other forms (see instruction	s)			25c					
	d	Add lines 25a through 25c						25d	17,607.		
If you have a	26	2023 estimated tax payments and amount applied from 2022 return									
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC)				27					
attach Sch. ElC.	28	Additional child tax credit from	m Schedule 8812			28					
	29	American opportunity credit	from Form 8863	8, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lir	ne 15			31					
	32	Add lines 27, 28, 29, and 31	. These are your	total other pa	ayments and refu	ındable credits		32			
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	17,607.		
Refund	34	If line 33 is more than line 24	4, subtract line 2	4 from line 33.	This is the amoun	nt you overpaid		34	7,562.		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							7,562.		
Direct deposit?	b	Routing number 1 0 2 0 0 1 0 1 7 c Type: X Checking Savings									
See instructions.	d	Account number 3 9 0 6 2 3 1 1 1 1									
	36	Amount of line 34 you want	applied to your	2024 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24									
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions						37			
	38	Estimated tax penalty (see in	nstructions) .			38					
Third Party		you want to allow another									
Designee		nstructions							⊠ No		
	nai	signee's ne	Phone no.		onal ident ber (PIN)	itication					
Sign	Un	der penalties of perjury, I declare t	hat I have examined	d this return and	accompanying sche	dules and statemer	its, and to	the best	of my knowledge and		
Here	be	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
Here	Yo	Your signature		Date Your occupation				If the IRS sent you an Identity			
					SOFTWARE ENGINEER			Protection PIN, enter it here (see inst.)			
Joint return? See instructions.				Dete			GINEEK ,				
Keep a copy for	Sp	Spouse's signature. If a joint return, both must sign.			Date Spouse's occupation HOME MAKER				If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
your records.											
	Ph	one no. (904) 571-912	0	Email address DEBENDRAKDAS@GMAIL.COM							
Doid	Pre	eparer's name	Preparer's signat						Check if:		
Paid	SYAN	I PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TALLAM	02/17/2024	P0208	2703	Self-employed		
Preparer	Fin	Firm's name GLOBAL TAXES LLC P						ne no.	(678) 965-9522		
Use Only	Fin	m's address 245 ROONE	Firm	i's EIN	84-3171965						



Application for IRS Individual Taxpayer Identification Number

► For use by individuals who are not U.S. citizens or permanent residents.

► See separate instructions.

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only.

OMB No. 1545-0074

Application type (check one box):

Apply for a new ITIN Before you begin: Renew an existing ITIN Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN). Reason vou're submitting Form W-7. Read the instructions for the box you check. Caution: If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions). a Nonresident alien required to get an ITIN to claim tax treaty benefit **b** Nonresident alien filing a U.S. federal tax return c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ **d** Dependent of U.S. citizen/resident alien If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ e X Spouse of U.S. citizen/resident alien DEBENDRA KUMAR DAS f Union Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception g Dependent/spouse of a nonresident alien holding a U.S. visa h ☐ Other (see instructions) ▶ Additional information for a and f: Enter treaty country and treaty article number ▶ 1a First name Middle name Last name Name BISWAKALYANI DAS (see instructions) Middle name 1b First name Last name Name at birth if different . . 2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions. Applicant's 2535 BROOKSTONE CT Mailing City or town, state or province, and country. Include ZIP code or postal code where appropriate. **Address** AURORA 60502 USA 3 Street address, apartment number, or rural route number. Don't use a P.O. box number. Foreign (non-**U.S.) Address** City or town, state or province, and country. Include postal code where appropriate. (see instructions) 4 Date of birth (month / day / year) Country of birth City and state or province (optional) Male Birth Information 05/06/1983 TNDTA ▼ Female 6a Country(ies) of citizenship **6b** Foreign tax I.D. number (if any) 6c Type of U.S. visa (if any), number, and expiration date Other INDIA Information **6d** Identification document(s) submitted (see instructions) X Passport Driver's license/State I.D. Other ☐ USCIS documentation Date of entry into the United States No.: P0807152 Issued by: INDIA Exp. date: 12/14/2026 (MM/DD/YYYY): 6e Have you previously received an ITIN or an Internal Revenue Service Number (IRSN)? No/Don't know. Skip line 6f. Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions). 6f Enter ITIN and/or IRSN ▶ ITIN **IRSN** and name under which it was issued ▶ First name Middle name Last name 6g Name of college/university or company (see instructions) ▶ City and state ▶ Length of stay ▶ Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying Sign documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number. Here Signature of applicant (if delegate, see instructions) Date (month / day / year) Phone number Keep a copy for your records. Name of delegate, if applicable (type or print) Delegate's relationship Parent Court-appointed guardian to applicant Power of attorney Date (month / day / year) Signature Phone **Acceptance** Agent's Name and title (type or print) Name of company EIN **Use ONLY** Office code